

PTO/SB/21 (09-04)

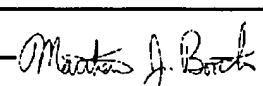
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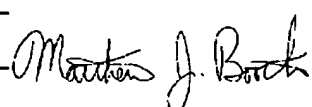
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/005,485 conf# 7195	
	Filing Date	11/08/2001	
	First Named Inventor	Amine	
	Art Unit	2643	
	Examiner Name	Tran, Quoc Duc	
Total Number of Pages in This Submission	2	Attorney Docket Number	70200.0101

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Matthew J Booth & Associates PLLC	
Signature		
Printed name	Matthew J. Booth	
Date	05/19/2005	Reg. No. 35,454

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
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Typed or printed name	Matthew J. Booth	Date 05/19/2005

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PTO/SB/83 (04-05)

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# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/005,485 conf# 7195
Filing Date	11/08/2001
First Named Inventor	Amine
Art Unit	2643
Examiner Name	Tran, Quoc Duc
Attorney Docket Number	70200.0101

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 23309

**NOTE:** This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The owner of the application has ceased doing business and is in the process of liquidating. The Applicant will not be prejudiced by the Attorneys withdrawal. The Attorneys have returned the files and or provided all necessary information to the Applicant to continue pursuing the above application.

## **CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

**OR**

☒ **Firm or Individual Name** Norman Klugman, President & CEO

**Address** Rochelle Communications, Inc.  
PO Box 141189

**City** Austin **State** TX **Zip** 78714

**Country** USA

**Telephone** 512-339-8188

**Email**

**Signature**

**Name** Matthew J Booth

*Matthew J. Booth*

**Registration No.** 35,454

**Date** 05/19/2005

**Telephone No.** 512-474-8488

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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